

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/51210

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2		1		1				52					
3		1		1				53					
4	1		1					54					
5		1		1				55					
6		1		1				56					
7		1		1				57					
8		1		1				58					
9		4		1				59					
10		2		1				60					
11		2		1				61					
12								62					
13								63					
14								64					
15								65					
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42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2		2		1			TOTAL IND.					
TOTAL DEP.	14		9		1			TOTAL DEP.					
TOTAL CLAIMS	14		11		1			TOTAL CLAIMS					